

Iowa Department of Public Health
Environmental and Occupational Surveillance
Reportable Poisonings, Injuries, Diseases, Conditions, and Exposures

IDPH Environmental Health (EH) hotline (Mon-Fri 8 am-4:30 pm): 800-972-2026
IDPH 24/7 Disease reporting hotline: 800-362-2736
IDPH Environmental Health Fax: 515-281-4529
IDPH EH Division Web Page: www.idph.state.ia.us/eh/default.asp
IDPH Bureau of Emergency Medical Services (EMS) Web Page: www.idph.state.ia.us/ems/data.asp

OUTBREAK REPORTING - CALL THE 24/7 DISEASE REPORTING HOTLINE: 800-362-2736

IMMEDIATELY report to the department outbreaks of any kind, diseases (including those not specifically noted) that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, carbon monoxide, anhydrous ammonia).

BIOTERRORISM REPORTING - CALL THE 24/7 DISEASE REPORTING HOTLINE: 800-362-2736

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism (but are not limited to) anthrax, mustard gas, sarin gas, ricin, tularemia and small pox.

ELEVATED BLOOD LEAD TEST RESULTS GREATER THAN OR EQUAL TO 20 UG/DL- CALL THE EH HOTLINE: 800-972-2026

IMMEDIATELY during regular business hours (Mon-Fri 8am to 4:30 pm) report all blood lead test results greater than or equal to 20 ug/dL to the Environmental Health hotline and fax a hard copy of the result to the EH fax.

ROUTINE REPORTING

Reports not meeting the conditions given for immediate reporting shall report as directed below, using electronic or web-based reporting if available, or another IDPH approved reporting format. Iowa trauma nurse coordinators and data registrars in the trauma hospitals of Iowa can continue to use the Trauma Registry software for reporting agricultural related injuries and traumatic brain and spinal cord injuries or EMS approved hard copy report forms. Refer to the IDPH EH Web page for more details, approved formats, forms, and specific disease/poisoning/injury/condition reporting information.

WHO IS REQUIRED TO REPORT

Mandatory Reporting is required of health care providers, clinics, hospitals, clinical laboratories, and other health care facilities; school nurses or school officials; poison control and information centers; medical examiners; occupational nurses. Hospitals, health care providers, and clinical laboratories outside the state of Iowa for confirmed or suspect cases in an Iowa resident. Complete information can be found in the Iowa Administrative Code [641] Chapter 1, which is linked at the IDPH EH Division Web page.

For more information, please refer to the IDPH EH Division Web page at www.idph.state.ia.us/eh/default.asp or call the Environmental Health hotline during regular business hours.

| POISONING OR CONDITION | CASES TO REPORT | WHEN TO REPORT | HOW TO REPORT |
|--------------------------------|--|------------------------------|--|
| Agricultural related injury | A non-household injury to a farmer, farm worker, farm family member, or other individual, which occurred on a farm, or in the course of handling, producing, processing, transporting or warehousing farm commodities | Quarterly (recommend weekly) | Routine reporting See EH Div Web page Trauma Registry Users, see EMS Web page. |
| Arsenic poisoning | Blood arsenic values equal to or greater than 70 µg/L Urine arsenic values equal to or greater than 100 µg/g of creatinine | Weekly | Routine reporting See EH Div Web page |
| Blood lead testing | All analytical results greater than or equal to 20 micrograms per deciliter (µg/dL) in a child under the age of 6 years or a pregnant woman | Daily | Phone: 800-972-2026 |
| | All other analytical values for all blood lead analyses | Weekly | Electronic format specified by the department |
| Cadmium poisoning | Blood cadmium values equal to or greater than 5 µg/L Urine cadmium values equal to or greater than 3 µg/g of creatinine | Weekly | Routine reporting See EH Div Web page |
| Carbon monoxide (CO) poisoning | Blood carbon monoxide level equal to or greater than 10% carboxyhemoglobin or its equivalent with a breath analyzer test, or a clinical diagnosis of CO poisoning regardless of any test result | Daily | Phone: 800-972-2026 See EH Div Web page Or: Iowa Statewide Poison Control Center 800-222-1222 for 24 hour consultation followed by fax to IDPH EH. |
| Hypersensitivity pneumonitis | A disease in which the air sacs (alveoli) of the lungs become inflamed when certain dusts are inhaled to which the person is sensitized or allergic. Includes but is not limited to farmer's lung, silo filler's disease, and toxic organic dust syndrome. | Weekly | Routine reporting See EH Div Web page |
| Mercury poisoning | Blood mercury values equal to or greater than 2.8 µg/dL Urine mercury values equal to or greater than 20 µg/L | Weekly | Routine reporting See EH Div Web page |

| POISONING OR CONDITION | CASES TO REPORT | WHEN TO REPORT | HOW TO REPORT |
|---|---|---------------------------------|---|
| Methemoglobinemia | Blood analyses showing greater than 5% of total hemoglobin present as methemoglobin | Weekly (recommend immediate) | Routine reporting See EH Div Web page |
| Microcystin (Blue-green algal) poisoning* | Gastrointestinal symptoms, respiratory symptoms, dermal symptoms or elevated serum GGT (gamma glutamyl transpeptidase) and a history of exposure within the past seven days to water testing positive for microcystin | Daily from May 1 to Oct. 31 | Phone: 800-972-2026 |
| Noncommunicable respiratory illness | An illness indicating prolonged exposure or overexposure to asbestos, silica, silicates, aluminum, graphite, bauxite, beryllium, cotton dust or other textile material, or coal dust. Includes, but is not limited to asbestosis, coal worker's pneumoconiosis, and silicosis. | Weekly | Routine reporting See EH Div Web page |
| Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction | Any extrinsic asthma or acute chemical pneumonitis due to exposure to toxic agents in the workplace. (ICD-10 codes J67.0 to J67.9) All cases of occupationally induced or exacerbated asthma. | Weekly | Routine reporting See EH Div Web page |
| Pesticide poisoning | Any acute or subacute systemic, ophthalmologic, or dermatologic illness or injury resulting from or suspected of resulting from inhalation or ingestion of, dermal exposure to, or ocular contact with a pesticide. Laboratory confirmation is not required. | Weekly | Iowa Poison Control Center 800-222-1222 for 24 hour consultation. See EH Div Web page |
| Severe skin disorder | Dermatoses, burns, and other severe skin disorders which result in death or which require hospitalization or other multiple courses of medical therapy. | Weekly | Routine reporting See EH Div Web page |
| Traumatic Spinal Cord Injury (TSCI) | An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficit, or bladder/bowel dysfunction. The deficit can be temporary, permanent, or result in death. The lesion can occur at any level of the spinal cord and may be complete or incomplete. Spinal cord injuries include: cauda equina, conus medullaris injuries, central cord syndrome, anterior cord syndrome, posterior cord syndrome, Brown-Sequard syndrome, mixed syndrome, and cord compression. Patients presenting neurological symptoms upon admission which resolve before hospital discharge should also be reported. | Quarterly | See Bureau of EMS Web page |
| Toxic hepatitis | Any acute or subacute necrosis of the liver or other unspecified chemical hepatitis caused by exposure to nonmedicinal toxic agents other than ethyl alcohol including, but not limited to, carbon tetrachloride, chloroform, tetrachloroethane, trichloroethylene, phosphorus, trinitrotoluene (TNT), chloronaphthalenes, methylenedianilines, ethylene dibromide, and organicsolvents. (ICD-10 codes K71.0 to K71.9) | Weekly | Routine reporting See EH Div Web page |
| Traumatic Brain Injury (TBI) | Clinically evident brain damage resulting from trauma or anoxia which temporarily or permanently impairs a person's physical or cognitive functions". The injury may be a penetrating or closed head injury resulting in death, or temporary or permanent impairment. Persons with brain injuries may display loss of consciousness, post-traumatic amnesia, a skull fracture, or damage to brain tissue as evidenced by neurological findings that can be reasonably attributed to a traumatic brain injury. | Quarterly | See Bureau of EMS Web page |

*The Director of IDPH has temporarily designated suspected or confirmed cases of exposure to microcystin as a reportable disease in Iowa.

Reporting of the above diseases is required by Iowa Administrative Code [641] Chapter 1

Iowa Department of Public Health
 Lucas State Office Building, 321 E. 12th Street Des Moines, Iowa 50319-0075
 Visit our web site at <http://www.idph.state.ia.us>

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